

## **Exhibit 9**

*State of California ex. rel. Ven-A-Care of the Florida Keys, Inc. v.  
Abbott Laboratories, Inc., et al.*

Exhibit to the Declaration of Rita Hanscom in Support of  
Plaintiffs' Opposition to Dey, Inc. and Dey, L.P.'s Motion for Partial Summary Judgment

DEY LABORATORIES

MEMORANDUM

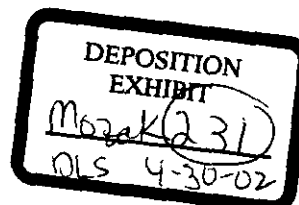
TO: Distribution Cc: Helen Burnham  
FROM: Carrie Jackson  
DATE: February 2, 1994  
RE: Medicare/Medicaid/Formulary Update

Attached please find an updated Medicare/Medicaid/State Formulary Status Report.

As a reminder, this status report is broken out in three parts. Part one has state formulary updates or applications. Part two lists all products covered under Medicare within that particular state and any changes to code numbers or allowables. Information missing from either the Code or Allowable columns denotes that I am in the process of contacting the state to update the required information. Part three lists all products covered under Medicaid within that particular state and any changes to code numbers or allowables. Once again, missing information in either the Code or Allowable columns is in the process of being updated. Please discard your old Medicare report dated August 13, 1993.

I hope the attached is helpful. Updates will be issued as necessary. Should you have any questions or suggestions for report enhancement please do not hesitate to contact me

/cjj



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State of: Alaska

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.58/mL
Albuterol 0.083%	J7620	\$1.40/ud
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	\$0.25/mL
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	\$0.25/mL
Isoetharine 0.2%	J7653	\$0.23/mL
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	\$1.05/ud
Metaproterenol 0.4%	J7670	\$1.05/ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.45 - \$11.46		AWP - 5%

State of: Alabama

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.40	.50 - \$3.00	WAC + 9.2%

State of: Arizona

February 2, 1994

- 1) Formulary - No state formulary for generic substitution

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## 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Claims for drugs and biologicals used in conjunction with DME require medical documentation. DME must be prescribed by physician; drug has been ordered by attending physician; drug must be reasonable & necessary. Note that drugs which can be administered by any of the following methods will be excluded from coverage: Aerosol; MDI; tablets; capsules; syrup; parenteral injection.

## 3) Medicaid - AHCCS/Arizona Health Care Cost Containment System

State of: Arkansas February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Use local codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	W8050	\$1.34/mL
Acetylcysteine 20%	W8060	\$1.62/mL
Albuterol 0.083%	W8010	\$1.42/ud
Cromolyn Sodium/20 mg		
Isoetharine (all)	W8070	\$0.78/ud
Metaproterenol 0.6%	W8030	\$1.40/ud
Metaproterenol 0.4%	W8020	\$1.40/ud
82003	W8140	
82005	W8150	
Remaining saline	W8150	
(excluding 83003/83005/64015/64115)		

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Allowable based on Redbook pricing

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.51 + 103 EAC	\$0.50 - \$3.00	AWP 10.5%

California

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - Wrong information sent. Questionnaire resubmitted.
- 3) Medicaid (Medi-Cal) Dispensing Fee: \$4.05/Rx; Data Source: Medi-Cal List of Contract Drugs (1st Databank)  
Co-Pay: \$1.00 (Optional)

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18104	Y	AWP - 5% (\$1.3419/cc)
18110	Y	AWP - 5% (\$1.2749/cc)
18130	Y	AWP - 5% (\$1.1662/cc)
18200	PA	AWP - 5%
18204	Y	AWP - 5% (\$1.6103/cc)
18210	Y	AWP - 5% (\$1.5409/cc)
18230	Y	AWP - 5% (\$1.4684/cc)
69703	PA	AWP - 5% (\$0.4091/cc)
69760	PA	AWP - 5%
65902	PA	AWP - 5%
66003	PA	AWP - 5%
66103	PA	AWP - 5%
66405	PA	AWP - 5%
67603	Y	AWP - 5% (\$0.3895/cc)
67803	PA	AWP - 5%
03003	Y	AWP - 5% (\$0.0773/cc)
03005	Y	AWP - 5% (\$0.0464/cc)
03010	PA	AWP - 5%
03020	PA	AWP - 5%
63003	Y	AWP - 5% (\$0.0773/cc)
63005	Y	AWP - 5% (\$0.0464/cc)
64015	PA	AWP - 5%
64115	PA	AWP - 5%
82003	PA	AWP - 5%
82005	PA	AWP - 5%
83003	PA	AWP - 5%
83005	PA	AWP - 5%
83015	PA	AWP - 5%
50120	PA	AWP - 5%
50300	PA	AWP - 5%

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<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
81003	PA	AWP - 5%
81005	PA	AWP - 5%

Key: PA = Prior authorization required from a Medi-Cal Field Office Consultant  
 - = Price not in the Medi-Cal computer file. Price must be manually calculated.

Colorado

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.41/mL
Acetylcysteine 20%	J7615	\$1.69/mL
Albuterol 0.083%	J7620	\$0.43/mL
Cromolyn Sodium/20 mg	J7630	\$0.70/mL
Isoetharine 0.1%	J7650	\$0.31/mL
Isoetharine 0.125%	J7651	\$0.11/mL
Isoetharine 0.167%	J7652	\$0.15/mL
Isoetharine 0.2%	J7653	\$0.22/mL
Isoetharine 0.25%	J7654	\$0.28/mL
Metaproterenol 0.6%	J7672	\$0.28/mL
Metaproterenol 0.4%	J7670	\$0.28/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium Chloride and water do not fall under inhalation solutions/drugs and are therefore considered supplies which are included in reimbursement for equipment.

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.08	\$2.00 (Trade)	AWP - 10%
	\$0.50 (Generic)	WAC + 18%

Connecticut February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium chloride and water not covered under current policy. Sodium chloride is included in reimbursement of medication administered via nebulizer. Use codes J7699 and J7799. Each claim is reviewed on a case-by-case basis and fees determined from Redbook.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.10*		AWP - 8%

- \* Incentive fee added to pharmacy reimbursement for dispensing lower cost product

District of Columbia February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.50	\$ 0.50	AWP - 10%

Delaware

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.65	\$ 0.50	AAC/AWP - 6%

Florida

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Uses local codes for compounded drugs and national codes for originally manufactured drugs)

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## Compounded Drugs:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine	W4079	\$7.24/4mL
Acetylcysteine	W4179	\$0.29/mL
Albuterol	W4173	\$0.18/mL
Metaproterenol	W4174	\$0.63/mL
Isoetharine	W4175	\$0.89/mL
Cromolyn Sodium	W4177	\$0.21/mL
Normal Saline	W4180	\$0.01/mL
Normal Saline 3 mL	W4181	\$0.22/3mL
Normal Saline 5 mL	W4182	\$0.22/5mL

## Non-compounded drugs:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.47/mL
Acetylcysteine 20%	J7615	\$1.77/mL
Albuterol 0.083%	J7620	\$1.80/3mL
Cromolyn Sodium	J7630	\$0.74/2mL
Isoetharine 0.1%	J7650	\$0.82/5mL
Isoetharine 0.125%	J7651	\$0.64/4mL
Isoetharine 0.167%	J7652	\$1.53/3mL
Isoetharine 0.2%	J7653	\$0.67/2.5mL
Isoetharine 0.25%	J7654	\$0.70/2mL
Metaproterenol 0.4%	J7670	\$1.58/2.5mL
Metaproterenol 0.6%	J7672	\$1.65/mL

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.23	\$ 1.00	WAC + 7%

Source: Blue Book

Georgia February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare -

Not covered by a Medicare Durable Medical Equipment Supplier Contact DME Unit at (912) 921-3078 for additional details.

3) Medicaid

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<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
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\$4.41

AWP - 10%

Source: First Data Bank

Hawaii

February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare -

82003/82005/83003/83005/83015/50120/50300/81003/81005 not listed in 1993 Redbook, not assigned HCPCS code, and no allowances for Hawaii have been determined. Use code J3490 and brief description of product when submitting claims.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
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\$4.67

AWP - 10.5%

Source: First Data Bank

Idaho

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

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## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.30		AWP

Illinois

February 2, 1994

1) Formulary Must be on state formulary for generic substitution

2) Medicare -

Use national codes for the following:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.32/mL
Acetylcysteine 20%	J7615	\$1.58/mL
Albuterol 0.083%	J7620	\$1.58/ud
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.28/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Hypertonic Saline	J7130	
Solution, 20 cc vial		

Use local codes for the following:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Sterile Saline Solution	W1008	\$0.14/mL
1 mL for use in DME		
Equipment		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.58*		AWP - 10%

\* or 10% x cost for drugs > \$35.80

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All drug products, 64015, 64115, 82003, 82005, 50120, 50300, and water are not covered unless they get prior approval prior to dispensing.

Source: Blue Book

# Indiana

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.04/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.44/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Hypertonic Saline Solution, 20 cc vial	J7190	\$1.00
Sterile Saline (dilution purposes only)	A4214	
Compounded drugs not covered.		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.00		AWP - 10%

Please direct medicaid providers with questions to the Provider Assistance Unit of E.D.S. at (800) 346-3819 or (317) 875-0177.

# Iowa

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.02 - \$6.25	\$1.00	AWP - 10%

## Kansas

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$ .25 per ud
Sodium Chloride; 82005*	A4610	\$ .50 per ud
Sodium Chloride; 83003*	A4610	\$ .25 per ud
Sodium Chloride; 83005*	A4610	\$ .50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$ .25 per ud
Water; 81005*	A4610	\$ .50 per ud

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

\* - Code accordingly with description of product  
Source: First Data Bank

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.85 - \$6.97	\$1.00	AWP - 10%

All drugs "generally non-covered" unless prior authorization is received. Specifically, the following sodium chloride solutions are covered without prior authorization: 03003, 03005, and 03020. Source: Medi-Span

Kentucky

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
Outpatient: \$4.75		AWP - 10%
Nursing Home: \$5.75		

Source: Medi-Span

All products except water are covered. Must receive prior authorization.

Louisiana

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare Returned. Forwarding order expired. Follow-up request sent.
- 3) Medicaid

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<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.30		AWP - 10.5%

Maine February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.35	Up to \$3.00	EAC/AWP - 5%*

- \* Reimbursement rate is lowest of: 1) MAC; 2) Maine MAC; 3) EAC; 4) AWP; 5) Usual and customary which includes lowest price a provider will accept from any third party as payment for the service.

Source: First Data Bank

Maryland February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Reimburses according to AWP. Use NDC number as reimbursement code.

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## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.94 - \$6.17	\$1.00	WAC + 10%

## Massachusetts

February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.06	\$0.50	WAC + 10%

## Michigan

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.91
Acetylcysteine 20%	J7615	\$2.29
Albuterol 0.083%	J7620	\$ .47
Cromolyn Sodium/20 mg	J7630	\$ .38
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	\$ .23

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	\$ .63
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Saline	A4214	\$ .20

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.83	\$1.00	AWP - 10%/AAC

Minnesota

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare -

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.68/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$0.23/mL
Isoetharine 0.125%	J7651	\$0.16/mL
Isoetharine 0.167%	J7652	\$0.22/mL
Isoetharine 0.2%	J7653	\$0.31/mL
Isoetharine 0.25%	J7654	\$0.34/mL
Metaproterenol 0.6%	J7672	\$0.43/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Normal saline solution 1000cc	J7030	
Normal saline solution, sterile (500 ml - 1 unit)	J7040	
Normal saline solution 250 cc	J7050	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Requests providers bill electronically and retain documentation rather than bill on paper and attach documentation.

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Code J7699 may also be used in conjunction with A4610. Pricing is simply based on the AWP from latest Redbook update.

Drug must be determined that it is reasonable and necessary for treatment of the illness or injury to improve the functioning of the malformed body member.

Documentation which must be submitted with claim for reimbursement is: physicians prescription identifying dosage, frequency and method of administration. Claim must identify name of medication and quantity dispensed (i.e., unit-dose or size of vial).

A4610/J7699/J7799 must be accompanied by a specific description and the dose of the solution being provided.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.10		AWP - 10%

Mississippi

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.91	\$1.00	AWP - 10%

The following products not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Missouri

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	

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DL-0050044

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

\* - Code accordingly with product description  
Source: First Data Bank

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.09	\$0.50 - \$2.00	AWP - 10.43%

Source: First Data Bank

Montana February 2, 1994

- 1) Formulary - Open formulary
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

No payment for sodium chloride and have no fees calculated. When calculating a fee, use products listed in the most current Redbook and use the median of AWP.

- 3) Medicaid - All prescription drugs reimbursed. OTC products other than laxatives, antacids and insulin are not covered. Reimbursement rate is AWP less 10% plus dispensing fee of \$2.00 - \$4.08 based on individual pharmacy surveys. Unit-dose providers who physically package unit-dose prescriptions are reimbursed an additional \$0.75/Rx. First Data Bank is used for drug pricing. \$1.00 patient co-pay.

Nebraska

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$ .25 per ud
Sodium Chloride; 82005*	A4610	\$ .50 per ud
Sodium Chloride; 83003*	A4610	\$ .25 per ud
Sodium Chloride; 83005*	A4610	\$ .50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$ .25 per ud

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DL-0050046

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Water; 81005*	A4610	\$ .50 per ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

\* Code accordingly with description of product  
Source: First Data Bank

- 3) Medicaid - All products reimbursable.  
Reimbursement rate of AWP less 8.71%  
or WAC + 12.5%. Dispensing fee is  
variable from \$2.84 - \$5.05/Rx. Data  
source is Medispan.

Nevada February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.42		AWP - 10%

New Hampshire February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution

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DL-0050047

## 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.25 - \$3.65*	\$0.50 - \$1.00**	AWP - 10%
* Incentive fee added to pharmacy reimbursement for dispensing lower cost product.		
** \$1.00 branded products; \$0.50 generics		
Source: First Data Bank; EDS		

New Jersey February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution

Only Metaproterenol 0.6% and 0.4% on New Jersey Generic Formulary/List of Interchangeable Drug Products. I have requested all other products be listed.

- 2) Medicare - (Use national codes) - No information received. Follow-up request sent.

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.73 - \$4.07		AWP - 0/6%*

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- \* AWP minus up to 6% based on Medicaid percentage of Rx sales. Regression ranges from 0 - 6% and is deducted from AWP up to \$25.00 (AWP). Above \$25.00 no AWP.

All products covered except Nebu-Sol and Water. Only the following sodium chloride products are covered: 83003, 83005 and 83015.

New Mexico

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.00		AWP - 10.5%

New York February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	

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DL-0050049

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
82003/82005/83003/83005;	A4610	\$24.20
83015	A4610	\$23.00
50120	A4610	based on invoice
50300	A4610	based on invoice
81003/81005	A4610	\$19.50
Source; Redbook - AWP		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$2.60		AWP

## North Carolina February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.60	\$1.00	AWP - 10%

The following sodium chloride solutions not covered:  
03003, 03005, 03010, 03020, 63003, 63005, 64015, and  
64115.

## North Dakota February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

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Use national code A4610 (with description).  
Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.25		AWP 10%

Source First Data Bank

All sodium chloride and water products covered as "DME" products.

Ohio February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% 4 mL	J7610	\$ 6.43/ud
Acetylcysteine 10% 10 mL	J7610	\$19.07/ud
Acetylcysteine 10% 30 mL	J7610	\$52.34/ud
Acetylcysteine 20% 4 mL	J7615	\$ 7.71/ud
Acetylcysteine 20% 10 mL	J7615	\$23.07/ud
Acetylcysteine 20% 30 mL	J7615	\$63.21/ud
Albuterol 0.083%	J7620	\$1.42/ud
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$3.29/ud
Isoetharine 0.125%	J7651	\$3.29/ud
Isoetharine 0.167%	J7652	\$3.29/ud
Isoetharine 0.2%	J7653	\$3.29/ud
Isoetharine 0.25%	J7654	\$3.29/ud
Metaproterenol 0.6%	J7672	\$1.50/ud
Metaproterenol 0.4%	J7670	\$1.50/ud
Sterile Water 3 mL		\$0.20/ud
Sterile Water 5 mL		\$0.20/ud
Sterile Saline .2 - .9% 3 - 5 mL		\$0.24/ud
Sterile Saline .9% 10 mL		\$0.41/ud

3) Medicaid - Dispensing Fee: \$3.23/Rx; Data  
Source: Blue Book  
Reimbursement Rate: AWP 7%

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18104	Y	\$1.1625/mL
18110	Y	\$1.1625/mL

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DL-0050051

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18130	Y	\$1.0639/mL
18200	Y	\$1.2803/mL
18204	Y	\$1.4071/mL
18210	Y	\$1.4071/mL
18230	Y	\$1.2803/mL
69703	Y	\$0.3700/mL
69760	Y	\$0.3700/mL
65902	N	
66003	N	
66103	N	
66405	N	
67603	Y	\$0.3760/mL
67803	Y	\$0.3760/mL
03003	Y	\$0.0872/mL
03005	Y	\$0.0523/mL
03010	Y	\$0.0335/mL
03020	Y	\$0.0335/mL
63003	Y	\$0.0872/mL
63005	Y	\$0.0523/mL
64015	N	
64115	N	
82003	Y	\$0.0558/mL
82005	Y	\$0.0335/mL
83003	Y	\$0.0872/mL
83005	Y	\$0.0523/mL
83015	Y	\$0.0335/mL
50120	Y	\$0.0335/mL
50300	Y	\$0.0335/mL
81003	Y	\$0.0108/mL
81005	Y	\$0.0108/mL

Oklahoma

February 2, 1994

- 1) Formulary - No state formulary for generic substitution. Law states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	

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DL-0050052

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium chloride and water are covered as supplies under the DME benefit when prescribed by physician and determined to be necessary for use of nebulizer. Payment limited to patients who cannot properly prepare the solutions at home or who have no one who can prepare the solutions for them. Documentation must explain why the patient is physically or mentally incapable of boiling water or adding salt tablets to be reimbursed.

All local codes in process of being deleted. Use local code A4323 at (9.34 per 1000 ml) for reimbursement purposes.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.10	\$1.00-\$2.00*	AWP - 10.5%

\* \$1.00 for prescriptions up to \$29.99; \$2.00 for prescriptions costing more than \$30.00.

Source: First Data Bank

The following products not covered: 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Oregon February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	

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DL-0050053

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.67 - \$4.02		AWP - 11%

Pennsylvania

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Blairer sterile saline 3 oz.	A4610	\$1.19
Blairer sterile saline 8 oz.	A4610	\$2.27
Blairer sterile saline 12 oz.	A4610	\$3.41
Cromolyn Sodium/20 mg	J7630	\$0.71/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.22/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.40/mL
Metaproterenol 0.6%	J7672	\$0.44/mL
Metaproterenol 0.4%	J7670	\$0.44/mL
Not Otherwise Class.	J7699	IC
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	IC
Drugs, Other than Inhalation Administered through DME		
Sodium Chloride 0.45%	A4610	\$0.23 5 ml each
Sodium Chloride 0.9%	A4610	\$0.24 3 ml each
Sodium Chloride 0.9%	A4610	\$0.24 5 ml each

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
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Amounts or methods of medication not included would be given individual consideration upon receipt of the claim submission. Special documentation necessary for consideration of sterile water (patient not able to mix themselves or has no family member). Use A4610 for sterile water and saline Redbook as source.

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.50	\$1.00	AWP

Source: Blue Book

No water products covered. Sodium chloride products covered only if considered "legend drugs".

Puerto Rico February 2, 1994

1) Formulary - Must be on formulary for generic substitution.

2) Medicare

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

3) Medicaid - No action

Rhode Island February 2, 1994

1) Formulary - Not necessary to be on state formulary for generic substitution

2) Medicare -

Sodium chloride and sterile water for inhalation with nebulizers are not covered by Medicare

3) Medicaid

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DL-0050055

Dispensing FeeCo-PayReimburse. Basis

\$3.40

AWP

South Carolina February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare -

82003/82005/83003/83005 - Local code #W4200 (\$0.22 allowable)

83015 - local code #W4200 (3 units) - (\$0.66 allowable)

50120/50300 - not reimbursable

81003/81005 - national code J7699 - (individually considered)

Uses Redbook or Medispan for source documentation

3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.05

\$1.50

AWP - 9.5%

Source: First Data Bank

All products covered except 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300. These products require special authorization for coverage.

South Dakota February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

ProductCodeAllowable

Acetylcysteine 10% J7610

Acetylcysteine 20% J7615

Albuterol 0.083% J7620

Cromolyn Sodium/20 mg J7630

Isoetharine 0.1% J7650

Isoetharine 0.125% J7651

Isoetharine 0.167% J7652

Isoetharine 0.2% J7653

Isoetharine 0.25% J7654

Metaproterenol 0.6% J7672

Metaproterenol 0.4% J7670

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DL-0050056

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Use national code A4810 (with description) for those drugs not listed. Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.75	\$1.00	AWP - 10.5%

Tennessee February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare -

Reimbursement for saline or sterile water is limited to the charge for the solution components, unless it is medically documented that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solutions and there is no family member or other person available who can do this.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.91		AWP 8%

Texas February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.85/2.5cc
Isoetharine 0.125%	J7651	\$0.85/4 cc

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	\$0.85/3 cc
Isoetharine 0.2%	J7653	\$0.85/2.5cc
Isoetharine 0.25%	J7654	\$0.85/2 cc
Metaproterenol 0.6%	J7672	\$0.49/2.5cc
Metaproterenol 0.4%	J7670	\$0.49/2.5cc
Not Otherwise Class.	J7699	AWP/\$1.50 ud
Drugs, Inhalation Solution Administered through DMF		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Texas Medicare Carrier will use the NDC number to price bronchodilator medications using the most current edition of Redbook.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
*		Wholesaler Cost + 12%

\* Amount paid pharmacy equals (EAC + \$4.55) divided by 0.930 + .10

Date Source: Pharmaceutical Companies

All drugs covered except the following sodium chloride solutions: 03003, 03005, 03010, 63003, 63005, 64015, 64115, 82003, 82005, 83003, 83005; Nebu-Sol 50120; and Water.

Utah February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
82003/82005/83003/83005/83015/50120/50300/81003/81005 use national code A4610. Payment based on AWP or acquisition cost.		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.90 - 4.40*		AWP - 12%
* \$3.90 urban; \$4.40 rural		

Vermont

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.25	\$1.00 - \$2.00*	AWP - 10%
* \$1.00 copayment; \$2.00 copayment when ingredient costs exceed \$29.99		

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**West Virginia**

February 2, 1994

- 1) Formulary - Uses FDA Therapeutic Equivalency List (Orange Book)
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$2.75	\$0.50 - \$1.00	AWP

Source: Red Book

**Wisconsin**

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Procedure code for sodium chloride inhalation is A4323-52 and is reimbursable at \$9.34/1000mL

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.69*	\$1.00	AWP - 10%

\*\$6.67 for unit-dose products

Wyoming

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

Use national code A4610 (with description).  
Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.70	\$1.00	AWP - 4%*

\* OTC Products: 150% of AWP + 4.70  
Legend Products: AWP - 4% + 4.70

Source: Blue Book

\*\*\*\*\*

Key:

AAC	Actual Acquisition Cost
AWP	Average Wholesale Price
DME	Durable Medical Equipment
EAC	Estimated Acquisition Price
DESI	Less-than-effective
HCFA	Health Care Financing Administration
HHS	Health and Human Services
MAC	Maximum Allowable Cost
PA	Prior Authorization
WAC	Wholesale Acquisition Cost

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*Pharmacy Program*

P.O. Box

1437

Slot 4105

1. Hile Rock  
72203

Allowable based on Redbook pricing

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.51 + .103 EAC	\$0.50 - \$3.00	AWP - 10.5%

California

February 2, 1994

1) Formulary - Not necessary to be on state formulary for generic substitution

2) Medicare - Wrong information sent. Questionnaire resubmitted.

3) Medicaid (Medi-Cal) Dispensing Fee: \$4.05/Rx; Data Source: Medi-Cal List of Contract Drugs (1st Databank) Co-Pay: \$1.00 (Optional)

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18104	Y	AWP - 5% (\$1.3419/cc)
18110	Y	AWP - 5% (\$1.2749/cc)
18130	Y	AWP - 5% (\$1.1662/cc)
18200	PA	AWP - 5%
18204	Y	AWP - 5% (\$1.6103/cc)
18210	Y	AWP - 5% (\$1.5409/cc)
18230	Y	AWP - 5% (\$1.4684/cc)
69703	PA	AWP - 5% (\$0.4091/cc)
69760	PA	AWP - 5%
65902	PA	AWP - 5%
66003	PA	AWP - 5%
66103	PA	AWP - 5%
66405	PA	AWP - 5%
67603	Y	AWP - 5% (\$0.3895/cc)
67803	PA	AWP - 5%
03003	Y	AWP - 5% (\$0.0773/cc)
03005	Y	AWP - 5% (\$0.0464/cc)
03010	PA	AWP - 5%
03020	PA	AWP - 5%
63003	Y	AWP - 5% (\$0.0773/cc)
63005	Y	AWP - 5% (\$0.0464/cc)
64015	PA	AWP - 5%
64115	PA	AWP - 5%
82003	PA	AWP - 5%
82005	PA	AWP - 5%
83003	PA	AWP - 5%
83005	PA	AWP - 5%
83015	PA	AWP - 5%
50120	PA	AWP - 5%
50300	PA	AWP - 5%

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<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
81003	PA	AWP - 5%
81005	PA	AWP - 5%

Key: PA = Prior authorization required from a Medi-Cal Field Office Consultant  
 - = Price not in the Medi-Cal computer file. Price must be manually calculated.

Colorado

February 2, 1994

1) ~~Formulary - No state formulary for generic substitution~~ *Alabama*

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.41/mL
Acetylcysteine 20%	J7615	\$1.69/mL
Albuterol 0.083%	J7620	\$0.43/mL
Cromolyn Sodium/20 mg	J7630	\$0.70/mL
Isoetharine 0.1%	J7650	\$0.31/mL
Isoetharine 0.125%	J7651	\$0.11/mL
Isoetharine 0.167%	J7652	\$0.15/mL
Isoetharine 0.2%	J7653	\$0.22/mL
Isoetharine 0.25%	J7654	\$0.28/mL
Metaproterenol 0.6%	J7672	\$0.28/mL
Metaproterenol 0.4%	J7670	\$0.28/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium Chloride and water do not fall under inhalation solutions/drugs and are therefore considered supplies which are included in reimbursement for equipment.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.08	\$2.00 (Trade)	AWP - 10%
	\$0.50 (Generic)	WAC + 18%

Connecticut

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

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DL-0050071

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium chloride and water not covered under current policy. Sodium chloride is included in reimbursement of medication administered via nebulizer. Use codes J7699 and J7799. Each claim is reviewed on a case-by-case basis and fees determined from Redbook.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.10*		AWP - 8%

- \* Incentive fee added to pharmacy reimbursement for dispensing lower cost product

District of Columbia

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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DL-0050072

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.50	\$ 0.50	AWP - 10%

## Delaware

February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

## 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.65	\$ 0.50	AAC/AWP - 6%

## Florida

February 2, 1994

1) Formulary - Not necessary to be on state formulary for generic substitution

2) Medicare - (Uses local codes for compounded drugs and national codes for originally manufactured drugs)

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## Compounded Drugs:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine	W4079	\$7.24/4mL
Acetylcysteine	W4179	\$0.29/mL
Albuterol	W4173	\$0.18/mL
Metaproterenol	W4174	\$0.63/mL
Isoetharine	W4175	\$0.89/mL
Cromolyn Sodium	W4177	\$0.21/mL
Normal Saline	W4180	\$0.01/mL
Normal Saline 3 mL	W4181	\$0.22/3mL
Normal Saline 5 mL	W4182	\$0.22/5mL

## Non-compounded drugs:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.47/mL
Acetylcysteine 20%	J7615	\$1.77/mL
Albuterol 0.083%	J7620	\$1.80/3mL
Cromolyn Sodium	J7630	\$0.74/2mL
Isoetharine 0.1%	J7650	\$0.82/5mL
Isoetharine 0.125%	J7651	\$0.64/4mL
Isoetharine 0.167%	J7652	\$1.53/3mL
Isoetharine 0.2%	J7653	\$0.67/2.5mL
Isoetharine 0.25%	J7654	\$0.70/2mL
Metaproterenol 0.4%	J7670	\$1.58/2.5mL
Metaproterenol 0.6%	J7672	\$1.65/mL

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.23	\$ 1.00	WAC + 7%

Source: Blue Book

Georgia February 2, 1994

1) Formulary - No state formulary for generic substitution

## 2) Medicare -

Not covered by a Medicare Durable Medical Equipment Supplier. Contact DME Unit at (912) 921-3078 for additional details.

## 3) Medicaid

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DL-0050074



Dispensing FeeCo-PayReimburse. Basis

\$4.41

AWP - 10%

Source: First Data Bank

Hawaii

February 2, 1994

1) Formulary Must be on state formulary for generic substitution

2) Medicare -

82003/82005/83003/83005/83015/50120/50300/81003/81005 not listed in 1993 Redbook, not assigned HCPCS code, and no allowances for Hawaii have been determined. Use code J3490 and brief description of product when submitting claims.

3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.67

AWP - 10.5%

Source: First Data Bank

Idaho

February 2, 1994

1) Formulary - No state formulary for generic substitution *Alabama*

2) Medicare (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

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DL-0050075

## 3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.30

AWP

Illinois

February 2, 1994

1) Formulary Must be on state formulary for general substitution ~~Open to all~~ - Approval letter & FDA packet (cc Starlin & Patricia Starlin)

## 2) Medicare

Use national codes for the following:

ProductCodeAllowable ② Kennell

Acetylcysteine 10% J7610  
 Acetylcysteine 20% J7615  
 Albuterol 0.083% J7620  
 Cromolyn Sodium/20 mg J7630  
 Isoetharine 0.1% J7650  
 Isoetharine 0.125% J7651  
 Isoetharine 0.167% J7652  
 Isoetharine 0.2% J7653  
 Isoetharine 0.25% J7654  
 Metaproterenol 0.6% J7672  
 Metaproterenol 0.4% J7670  
 Not Otherwise Class. J7699

312 782 01454 Ryan  
 \$1.32/mL  
 \$1.58/mL  
 \$1.58/ud  
 \$0.76/mL  
 \$0.34/mL  
 \$0.21/mL  
 \$0.28/mL  
 \$0.34/mL  
 \$0.42/mL  
 \$0.42/mL  
 \$0.42/mL  
 ③ 5 acts  
 Ronald  
 Gottfr  
 Al Dep Put  
 Mgr F Da D  
 525 W 9th  
 Springfield  
 62

Drugs, Inhalation Solution Administered through DME  
 Not Otherwise Class. J7799

Drugs, Other than Inhalation Administered through DME  
 Hypertonic Saline J7130  
 Solution, 20 cc vial

Use local codes for the following:

ProductCodeAllowable

Sterile Saline Solution W1008  
 1 mL for use in DME  
 Equipment

\$0.14/mL

## 3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$3.58\*

AWP 10%

\* or 10% x cost for drugs &gt; \$35.80

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DL-0050076

All drug products, 64015, 64115, 82003, 82005, 50120, 50300, and water are not covered unless they get prior approval prior to dispensing.

Source: Blue Book

Indiana

February 2, 1994

Formulary No state formulary for generic substitution

2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	\$1.04/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.44/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Hypertonic Saline	J7190	\$1.00
Solution, 20 cc vial		
Sterile Saline	A4214	
(dilution purposes only)		
Compounded drugs not covered.		

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.00		AWP - 10%

Please direct medicaid providers with questions to the Provider Assistance Unit of E.D.S. at (800) 346 3819 or (317) 875-0177.

Iowa

February 2, 1994

Formulary No state formulary for generic substitution

2) Medicare - (Use national codes)

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DL-0050077

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.02 - \$6.25	\$1.00	AWP - 10%

## Kansas

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$ .25 per ud
Sodium Chloride; 82005*	A4610	\$ .50 per ud
Sodium Chloride; 83003*	A4610	\$ .25 per ud
Sodium Chloride; 83005*	A4610	\$ .50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$ .25 per ud
Water; 81005*	A4610	\$ .50 per ud

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs Other than Inhalation Administered through DME		

\* - Code accordingly with description of product  
Source: First Data Bank

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.85 - \$6.97	\$1.00	AWP - 10%

All drugs "generally non-covered" unless prior authorization is received. Specifically, the following sodium chloride solutions are covered without prior authorization: 03003, 03005, and 03020. Source: Medi-Span

#### Kentucky

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
Outpatient: \$4.75		AWP 10%
Nursing Home: \$5.75		

Source: Medi-Span

All products except water are covered. Must receive prior authorization.

#### Louisiana

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare Returned. Forwarding order expired. Follow-up request sent.
- 3) Medicaid

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<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.30		AWP - 10.5%

Maine

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.35	Up to \$3.00	EAC/AWP - 5%*

\* Reimbursement rate is lowest of: 1) MAC; 2) Maine MAC; 3) EAC; 4) AWP; 5) Usual and customary which includes lowest price a provider will accept from any third party as payment for the service.

Source: First Data Bank

Maryland

February 2, 1994

1) Formulary - ~~Must be on state formulary for generic substitution~~ *Mandatory - goes by Orange Book*

2) Medicare - (Use national codes)

Reimburses according to AWP. Use NDC number as reimbursement code.

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## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.94 - \$6.17	\$1.00	WAC + 10%

Massachusetts

February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

## 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.06	\$0.50	WAC + 10%

Michigan

February 2, 1994

1) Formulary - No state formulary for generic substitution

## 2) Medicare (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.91
Acetylcysteine 20%	J7615	\$2.29
Albuterol 0.083%	J7620	\$ .47
Cromolyn Sodium/20 mg	J7630	\$ .38
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	\$ .23

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	\$ 63
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Saline	A4214	\$ .20

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.83	\$1.00	AWP - 10%/AAC

## Minnesota

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare -

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.68/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$0.23/mL
Isoetharine 0.125%	J7651	\$0.16/mL
Isoetharine 0.167%	J7652	\$0.22/mL
Isoetharine 0.2%	J7653	\$0.31/mL
Isoetharine 0.25%	J7654	\$0.34/mL
Metaproterenol 0.6%	J7672	\$0.43/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Normal saline solution 1000cc	J7030	
Normal saline solution, sterile (500 ml - 1 unit)	J7040	
Normal saline solution 250 cc	J7050	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs Other than Inhalation Administered through DME		

Requests providers bill electronically and retain documentation rather than bill on paper and attach documentation.

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Code J7699 may also be used in conjunction with A4610. Pricing is simply based on the AWP from latest Redbook update.

Drug must be determined that it is reasonable and necessary for treatment of the illness or injury to improve the functioning of the malformed body member.

Documentation which must be submitted with claim for reimbursement is: physicians prescription identifying dosage, frequency and method of administration. Claim must identify name of medication and quantity dispensed (i.e., unit-dose or size of vial).

A4610/J7699/J7799 must be accompanied by a specific description and the dose of the solution being provided.

### 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.10		AWP - 10%

### Mississippi

February 2, 1994

31 Not covered

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.91	\$1.00	AWP - 10%

The following products not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

20-03  
20-05  
30-03  
30-05  
30-10  
30-15  
10-03  
10-05

### Missouri February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	

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DL-0050083

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

\* - Code accordingly with product description

Source: First Data Bank

### 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.09	\$0.50 - \$2.00	AWP - 10.43%

Source: First Data Bank

Montana

February 2, 1994

- 1) Formulary - Open formulary
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

No payment for sodium chloride and have no fees calculated. When calculating a fee, use products listed in the most current Redbook and use the median of AWP.

- 3) Medicaid - All prescription drugs reimbursed. OTC products other than laxatives, antacids and insulin are not covered. Reimbursement rate is AWP less 10% plus dispensing fee of \$2.00 - \$4.08 based on individual pharmacy surveys. Unit-dose providers who physically package unit-dose prescriptions are reimbursed an additional \$0.75/Rx. First Data Bank is used for drug pricing. \$1.00 patient co-pay.

# Nebraska

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution

- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$ .25 per ud
Sodium Chloride; 82005*	A4610	\$ .50 per ud
Sodium Chloride; 83003*	A4610	\$ .25 per ud
Sodium Chloride; 83005*	A4610	\$ .50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$ .25 per ud

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

\* Code accordingly with description of product  
Source: First Data Bank

- 3) Medicaid - All products reimbursable.  
Reimbursement rate of AWP less 8.71%  
or WAC + 12.5%. Dispensing fee is  
variable from \$2.84 - \$5.05/Rx. Data  
source is Medispan.

## Nevada

February 2, 1994

130-05 not covered

130-05

130-0

30-00

01-00

03-01

130-05

20-03

20-05

30-03

30-05

30-10

30-15

10-03

10-05

20-03

20-05

30-03

30-05

30-15

- 1) Formulary - Must be on state formulary for generic  
substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.42		AWP - 10%

## New Hampshire

February 2, 1994

- 1) Formulary - Must be on state formulary for generic  
substitution

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DL-0050086

## 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.25 - \$3.65*	\$0.50    \$1.00**	AWP - 10%

\* Incentive fee added to pharmacy reimbursement for dispensing lower cost product.

\*\* \$1.00 branded products; \$0.50 generics

Source: First Data Bank; EDS

New Jersey February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

Only Metaproterenol 0.6% and 0.4% on New Jersey Generic Formulary/List of Interchangeable Drug Products. I have requested all other products be listed.

2) Medicare - (Use national codes) - No information received Follow-up request sent.

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.75    \$4.07		AWP    0/6%

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- \* AWP minus up to 6% based on Medicaid percentage of Rx sales. Regression ranges from 0 - 6% and is deducted from AWP up to \$25.00 (AWP). Above \$25.00 no AWP.

All products covered except Nebu-Sol and water. Only the following sodium chloride products are covered: 83003, 83005, and 83015

## New Mexico

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)
- | Product   | Code  | Allowable |
|---|-------|-----------|
| Acetylcysteine 10%                                    | J7610 |           |
| Acetylcysteine 20%                                    | J7615 |           |
| Albuterol 0.083%                                      | J7620 |           |
| Cromolyn Sodium/20 mg                                 | J7630 |           |
| Isoetharine 0.1%                                      | J7650 |           |
| Isoetharine 0.125%                                    | J7651 |           |
| Isoetharine 0.167%                                    | J7652 |           |
| Isoetharine 0.2%                                      | J7653 |           |
| Isoetharine 0.25%                                     | J7654 |           |
| Metaproterenol 0.6%                                   | J7672 |           |
| Metaproterenol 0.4%                                   | J7670 |           |
| Not Otherwise Class.                                  | J7699 |           |
| Drugs, Inhalation Solution Administered through DME   |       |           |
| Not Otherwise Class.                                  | J7799 |           |
| Drugs, Other than Inhalation Administered through DME |       |           |
- 3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.00

AWP - 10.5%

## New York

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	

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DL-0050088

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
82003/82005/83003/83005;	A4610	\$24.20
83015	A4610	\$23.00
50120	A4610	based on invoice
50300	A4610	based on invoice
81003/81005	A4610	\$19.50
Source; Redbook - AWP		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$2.60		AWP

North Carolina February 2, 1994

- 030-03 (1) Formulary - No state formulary for generic substitution
- 030-05 0820-03
- 030-05 0820-05 2) Medicare - No information received. Follow-up request sent.
- 030-03 0830-03
- 030-05 0830-05
- 030-03 0830-03 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.60	\$1.00	AWP - 10%

The following sodium chloride solutions not covered:  
03003, 03005, 03010, 03020, 63003, 63005, 64015, and 64115.

North Dakota February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

0820-03  
0830-03  
0830-05  
0810-03  
0830-15

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Use national code A4610 (with description).  
Reimbursement is based on AWP of Redbook for all localities.

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.25		AWP 10%

Source: First Data Bank

All sodium chloride and water products covered as "DME" products.

Ohio

February 27, 1994

080-05 not covered

1) Formulary - Must be on state formulary for generic substitution

2) Medicare (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% 4 mL	J7610	\$ 6.43/ud
Acetylcysteine 10% 10 mL	J7610	\$19.07/ud
Acetylcysteine 10% 30 mL	J7610	\$52.34/ud
Acetylcysteine 20% 4 mL	J7615	\$ 7.71/ud
Acetylcysteine 20% 10 mL	J7615	\$23.07/ud
Acetylcysteine 20% 30 mL	J7615	\$63.21/ud
Albuterol 0.083%	J7620	\$1.42/ud
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$3.29/ud
Isoetharine 0.125%	J7651	\$3.29/ud
Isoetharine 0.167%	J7652	\$3.29/ud
Isoetharine 0.2%	J7653	\$3.29/ud
Isoetharine 0.25%	J7654	\$3.29/ud
Metaproterenol 0.6%	J7672	\$1.50/ud
Metaproterenol 0.4%	J7670	\$1.50/ud
Sterile Water 3 mL		\$0.20/ud
Sterile Water 5 mL		\$0.20/ud
Sterile Saline .2 - .9%		
3 - 5 mL		\$0.24/ud
Sterile Saline .9% 10 mL		\$0.41/ud

3) Medicaid - Dispensing Fee: \$3.23/Rx; Data  
Source: Blue Book  
Reimbursement Rate: AWP - 7%

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18104	Y	\$1.1625/mL
18110	Y	\$1.1625/mL

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<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18130	Y	\$1.0639/mL
18200	Y	\$1.2803/mL
18204	Y	\$1.4071/mL
18210	Y	\$1.4071/mL
18230	Y	\$1.2803/mL
69703	Y	\$0.3700/mL
69760	Y	\$0.3700/mL
65902	N	
66003	N	
66103	N	
66405	N	
67603	Y	\$0.3760/mL
67803	Y	\$0.3760/mL
03003	Y	\$0.0872/mL
03005	Y	\$0.0523/mL
03010	Y	\$0.0335/mL
03020	Y	\$0.0335/mL
63003	Y	\$0.0872/mL
63005	Y	\$0.0523/mL
64015	N	
64115	N	
82003	Y	\$0.0558/mL
82005	Y	\$0.0335/mL
83003	Y	\$0.0872/mL
83005	Y	\$0.0523/mL
83015	Y	\$0.0335/mL
50120	Y	\$0.0335/mL
50300	Y	\$0.0335/mL
81003	Y	\$0.0108/mL
81005	Y	\$0.0108/mL

Oklahoma February 2, 1994

1) Formulary - No state formulary for generic substitution. Law states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs Other than Inhalation Administered through DME		

Sodium chloride and water are covered as supplies under the DME benefit when prescribed by physician and determined to be necessary for use of nebulizer. Payment limited to patients who cannot properly prepare the solutions at home or who have no one who can prepare the solutions for them. Documentation must explain why the patient is physically or mentally incapable of boiling water or adding salt tablets to be reimbursed.

All local codes in process of being deleted. Use local code A4323 at (9.34 per 1000 ml) for reimbursement purposes.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.10	\$1.00-\$2.00*	AWP - 10.5%

\* \$1.00 for prescriptions up to \$29.99; \$2.00 for prescriptions costing more than \$30.00.

Source: First Data Bank

The following products not covered: 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Oregon February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

### 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.67 - \$4.02	.	AWP - 11%

### Pennsylvania

February 2, 1994

1) Medicaid) Formulary - Must be on state formulary for generic substitution

### 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Blairerx sterile saline 3 oz.	A4610	\$1.19
Blairerx sterile saline 8 oz.	A4610	\$2.27
Blairerx sterile saline 12 oz.	A4610	\$3.41
Cromolyn Sodium/20 mg	J7630	\$0.71/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.22/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.40/mL
Metaproterenol 0.6%	J7672	\$0.44/mL
Metaproterenol 0.4%	J7670	\$0.44/mL
Not Otherwise Class.	J7699	IC
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	IC
Drugs, Other than Inhalation Administered through DME		
Sodium Chloride 0.45%	A4610	\$0.23 5 ml each
Sodium Chloride 0.9%	A4610	\$0.24 3 ml each
Sodium Chloride 0.9%	A4610	\$0.24 5 ml each

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
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Amounts or methods of medication not included would be given individual consideration upon receipt of the claim submission. Special documentation necessary for consideration of sterile water (patient not able to mix themselves or has no family member). Use A4610 for sterile water and saline. Redbook as source

## 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.50	\$1.00	AWP

Source: Blue Book

No water products covered. Sodium chloride products covered only if considered "legend drugs".

## Puerto Rico

February 2, 1994

- 1) Formulary - Must be on formulary for generic substitution.

## 2) Medicare

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

## 3) Medicaid - No action

## Rhode Island

February 2, 1994

- 1) Formulary Not necessary to be on state formulary for generic substitution

## 2) Medicare -

Sodium chloride and sterile water for inhalation with nebulizers are not covered by Medicare

## 3) Medicaid

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Dispensing FeeCo-PayReimburse. Basis

\$3.40

AWP

South Carolina

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare -

82003/82005/83003/83005 - Local code #W4200 (\$0.22 allowable)

83015 - local code #W4200 (3 units) - (\$0.66 allowable)

50120/50300 - not reimbursable

81003/81005 - national code J7699 - (individually considered)

Uses Redbook or Medispan for source documentation

3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.05

\$1.50

AWP - 9.5%

Source: First Data Bank

All products covered except 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300. These products require special authorization for coverage.

South Dakota

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

ProductCodeAllowable

Acetylcysteine 10% J7610

Acetylcysteine 20% J7615

Albuterol 0.083% J7620

Cromolyn Sodium/20 mg J7630

Isoetharine 0.1% J7650

Isoetharine 0.125% J7651

Isoetharine 0.167% J7652

Isoetharine 0.2% J7653

Isoetharine 0.25% J7654

Metaproterenol 0.6% J7672

Metaproterenol 0.4% J7670

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
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Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Use national code A4610 (with description) for those drugs not listed. Reimbursement is based on AWP of Redbook for all localities.

### 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.75	\$1.00	AWP - 10.5%

## Tennessee February 2, 1994

1060-05 (covered) 1) Formulary - Must be on state formulary for generic substitution

1080-05 1080-05 1080-05 2) Medicare -

Reimbursement for saline or sterile water is limited to the charge for the solution components, unless it is medically documented that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solutions and there is no family member or other person available who can do this.

### 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.91		AWP - 8%

## Texas February 2, 1994

1060-05 (covered) 1) Formulary - No state formulary for generic substitution

1080-05 1080-05 1080-05 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.85/2.5cc
Isoetharine 0.125%	J7651	\$0.85/4 cc

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	\$0.85/3 cc
Isoetharine 0.2%	J7653	\$0.85/2.5cc
Isoetharine 0.25%	J7654	\$0.85/2 cc
Metaproterenol 0.6%	J7672	\$0.49/2.5cc
Metaproterenol 0.4%	J7670	\$0.49/2.5cc
Not Otherwise Class.	J7699	AWP/\$1.50 ud
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs Other than Inhalation Administered through DME		

Texas Medicare Carrier will use the NDC number to price bronchodilator medications using the most current edition of Redbook.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
*		Wholesaler Cost + 12%

\* Amount paid pharmacy equals (EAC + \$4.55) divided by 0.930 + .10

Date Source: Pharmaceutical Companies

All drugs covered except the following sodium chloride solutions: 03003, 03005, 03010, 63003, 63005, 64015, 64115, 82003, 82005, 83003, 83005; Nebu-Sol 50120; and Water.

Utah February 2, 1994

- 10-03 not covered  
10-05  
10-03  
10-05
- 1) Formulary - Must be on state formulary for generic substitution
  - 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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Virginia

February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

Product	Code	Allowable
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Acetylcysteine 10%	J7610	
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Acetylcysteine 20%	J7615	
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Albuterol 0.083%	J7620	
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Cromolyn Sodium/20 mg	J7630	
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Isoetharine 0.1%	J7650	
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Isoetharine 0.125%	J7651	
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Isoetharine 0.167%	J7652	
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Isoetharine 0.2%	J7653	
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Isoetharine 0.25%	J7654	
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Metaproterenol 0.6%	J7672	
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Metaproterenol 0.4%	J7670	
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Not Otherwise Class.	J7699	
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Drugs, Inhalation Solution Administered through DME

Not Otherwise Class.	J7799	
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Drugs, Other than Inhalation Administered through DME

Medicare does not have allowances and procedure codes for the breakdown of dosages as listed for saline and water, however the following are covered:

Sodium Chloride 30 cc vial - J2912 (Allowance: \$1.61)

Water 30 cc vial - A4214 (individual consideration by medical department).

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
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\$4.40		
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\$1.00		
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AWP - 9%		
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Washington

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - Returned. Not deliverable as addressed. Resubmitting information request.

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
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\$3.65 - \$4.50		
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\$1.00		
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EAC = AWP - (.89)		
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West Virginia

February 2, 1994

030-05 covered 1) Formulary - Uses FDA Therapeutic Equivalency List  
 030-05 (Orange Book)

030-10 2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

030-05 3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$2.75	\$0.50 - \$1.00	AWP

Source: Red Book

Wisconsin

February 2, 1994

30-05 covered 1) Formulary - Must be on state formulary for generic  
 30-05 substitution

30-10 2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
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Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Procedure code for sodium chloride inhalation is A4323-52 and is reimbursable at \$9.34/1000mL.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
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\$4.69*	\$1.00	AWP - 10%
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\*\$6.67 for unit-dose products

Wyoming

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

Use national code A4610 (with description).  
Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
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\$4.70	\$1.00	AWP - 4%*
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\* OTC Products: 150% of AWP + 4.70  
Legend Products: AWP 4% + 4.70

Source: Blue Book

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**Key:**

AAC	Actual Acquisition Cost
AWP	Average Wholesale Price
DME	Durable Medical Equipment
EAC	Estimated Acquisition Price
DESI	Less-than-effective
HCFA	Health Care Financing Administration
HHS	Health and Human Services
MAC	Maximum Allowable Cost
PA	Prior Authorization
WAC	Wholesale Acquisition Cost

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